

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 5:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005582

1. Corporation Name

LA PROVENCE REALTY CORP.

Principal Place of Business

550 Mamaroneck Ave.  
Harrison, NY 10528

Mailing Address

550 Mamaroneck Ave.  
Harrison, NY 10528

REINSTATEMENT 2002

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3921536

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ XX

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Michael E. Rosen	550 Mamaroneck Avenue	Harrison, NY 10528
VD	Dave Clark	2250 Avenida del Vera	N. Ft. Myers, FL 33917
VST	Robert V. Tiburzi, Jr.	One West Red Oak Lane	White Plains, NY 10604
V	W. Scott Callahan	37 N. Orange Avenue, #200e	Orlando, FL 32801
			000008814090
			11/05/02--01058--022 **758.75

8. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name  
W. Scott Callahan  
Street Address (P.O. Box Number is Not Acceptable)  
c/o Stump, Storey & Callahan, P.A.  
Suite, Apt. #, Etc.  
37 North Orange Avenue, Suite 200  
City  
Orlando  
State  
FL  
Zip Code  
32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/4/02

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ XX

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

W. Scott Callahan, as its Vice President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02 407-425-2571  
Date Daytime Phone #

CR2E040 (12/95)